



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

August 1992

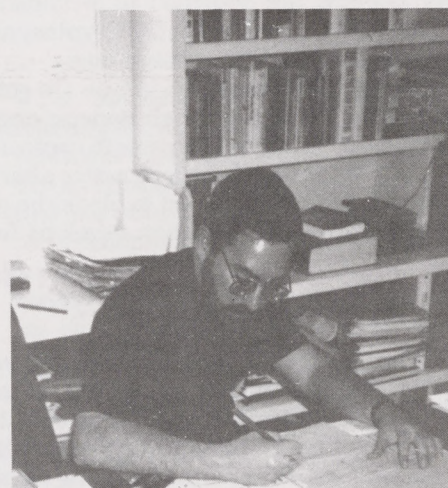
A Passion For AIDS Ministry at MCC Key West

When Rev. Steve Torrence arrived in Key West, FL in August, 1985, to be the pastor of MCC Key West, the church had about 12 members, and there was no sense of HIV being an issue for the church. Soon after his arrival, Torrence helped to found AIDS Help, Inc. "I helped write and lobby for the first state grant of \$100,000. Now we have a budget of close to a million dollars." AIDS Help has become one of the leading Community Based Organizations in Florida and has been studied by many other CBO's because they have successfully created a "one-stop shop" kind of agency. There aren't any competing groups; they all work together in Key West, managing grants for an HIV clinic as well as an AIDS clinic.

Of MCC Key West's current membership of 120, about 25-35% are HIV-positive. Rev. Torrence has performed an average of 50 funerals and memorial services a year since 1987. "The mem-

bership is very in tune with HIV. Key West is an island that's two by four miles, with two naval bases on it. We're very condensed, and right on top of each other. You can't do anything without AIDS being in front of your face. You always see people with AIDS at the movies, at the grocery store, all over, so it is part of life. Sometimes we all get tired of the disease because it's so vicious and unrelenting and brutal, but we haven't tired of the people who need us, of being there for one another."

MCC Key West does not try to duplicate any existing programs at AIDS Help, such as the buddy program and support groups. But there is still a lot for the church to do in ministry to people living with HIV. "We do advocacy, pastoral care, home and hospital visitation, and we help people financially much quicker than AIDS Help, because our money is private. Over the last year, we have given out close to



Rev. Steve Torrence, pastor

\$15,000 cash. The community does some fundraisers for us, but we supplement the rest through our church budget."

(continued on page 3)

Noted Activist Insists on Hope

In the April issue of Project Inform's newsletter, "PI Perspective," Martin Delaney, Founder & Executive Director of Project Inform, published a letter to the Editor which he wrote in response to two Sunday features in San Francisco newspapers. The two articles portrayed life with HIV as particularly gloomy and hopeless. The letter is reprinted with permission:

Editor:

I am writing in response to the article which cast a grim pallor over AIDS research and the fate of those infected. Although quoted in the article, the story or the quote in no way expressed my overall views on the matter, but instead isolated the one point of discouragement I made among several others which declared my hopes. I suspect some other AIDS activists may feel equally misrepresented. For the record, I do not share the 'gloom and doom' of the article, which left a lot of people with HIV feeling grim indeed that Sunday.

Although correct in noting our disappointment at the

failure of one new class of drugs, this was not a seminal event which defined the overall status of AIDS research. Most importantly, the article was wrong for promoting, without question, the myth that all those infected in the early 80's are going to die. There isn't a shred of evidence to support that belief, however common it might be among the doomsayers. The totality of existing data can legitimately be interpreted to show HIV as a manageable chronic infection for a significant segment of the infected population. Long term studies in San Francisco have demonstrated that, even in the absence of treatment, only about half of those infected progress to an AIDS diagnosis after 10 years. Most importantly, the oldest data shows that somewhere between 5% and 20% (depending on the source) have no signs of disease or weakened immunity even after 14 years. I repeat: **NO signs of disease or weakened immunity.** Obviously, some people's immune systems are already successfully coping with HIV on their own. As we come to better understand what is unique about their response, we may learn to replicate it for others as well.

(continued on page 2)

Canadian AIDS Research

The Vancouver PWA Newsletter (Issue 56, May 1992) reports that CANFAR (The Canadian Foundation for AIDS Research) granted 44 awards for research in 1991, totaling \$528,000, in British Columbia, Alberta, Manitoba, Ontario, Quebec, and Newfoundland. In addition, two larger trials were given \$400,000 by the CANFAR Industry Research Awards. CANFAR is supported by Canadian insurance and banking industries.

The 44 awards granted in 1991 cover a wide range of subjects. Research includes the psychosocial needs of hospitalized persons with AIDS, educating heterosexual women about HIV prevention, and nursing students' attitudes about caring for persons with AIDS. The clinical trials supported by these grants include studying the mechanisms involved in HIV latency, the detection of Mycoplasma with PCR techniques, and treatments for Cryptosporidium parvum and pneumocystis carinii pneumonia.

The two larger research grants are going towards development of a vaccine through genetic engineering that would produce an immune response to control HIV replication, and a study of how HIV becomes active after being dormant, and what drugs might be used to block the growth of the virus in the system, before a person develops full-blown AIDS. ▼

Noted Activist Insists on Hope

(continued from page 1)

These figures are just the worst case analysis, showing what happened mostly before treatment of any kind was available. But treatment is today a realistic option for most, and the data from studies is abundantly clear — even the most conventional, standard treatment significantly slows disease progression and prevents or treats the most common opportunistic infections. The effects of today's more advanced therapies have yet to be fully measured.

strategies using the most advanced therapies and appropriate life-style changes. Something is clearly working for a lot of people. While we cannot absolutely predict that their success will hold up indefinitely, neither is there anything in the data which even remotely proves that it won't.

The newspaper should show the whole picture. Combination therapy with multiple available antiviral drugs provides a larger and longer lasting effect than AZT alone.

"There are far better tools than despair for marshalling the political action needed to end this epidemic." -- Martin Delaney

Tens of thousands of infected people have at least remained stable for the last 5 or 6 years. More so, we now see a substantial and growing body of people who were quite ill in years past, but now are clinically well and show improvement in virtually all lab parameters. Some of these are people who employed aggressive treatment

Improved drugs in the AZT/ddI/ddC family, TAT inhibitors, and anti-protease drugs are beginning in human studies. Some familiar drugs, like trichosanthin, while not for everyone, have been remarkably successful in some patients. Controlled studies of passive immunization strategies should yield fruit in 6 months, while the active im-

HIV Reinfection Shown To Be A Real Danger

A paper published in "The Journal of Acquired Immune Deficiency Syndromes" reports that gay men who are HIV-positive who continue to have unprotected receptive anal sex will develop AIDS more rapidly than those who engage in safer sex practices. The data supporting the paper came from the Multi-Area Cohort Study (MACS) which followed five thousand gay men in several U.S. cities over a five year period.

While many HIV experts speculated that reinfection could hasten the onset of AIDS, this is the first scientific study to prove it. The study did not resolve the question of why this is so: some feel that the rapid progression is due to repeated exposures to different strains of HIV, while others speculate that it might be caused by being infected with other viruses and bacteria which could be co-factors in speeding up the disease process.

There has been a belief among some HIV-positive gay men that they can enjoy unprotected anal sex with another HIV-positive man without risk, but this study clearly demonstrates that this is not true. Two HIV-positive individuals must take the same precautions as everyone else, or they will increase the speed of developing full-blown AIDS. HIV-positive persons can still greatly reduce the risk of reinfection through anal receptive sex by ensuring that their partners are using condoms and spermicide. ▼

immune enhancement of vaccines is under ever-widening study. The quantity and quality of drugs to prevent or treat opportunistic infections have grown dramatically in the last 2 years. These days, patients routinely recover from such once unstoppable infections as MAI. And the first glimmers of real hope are now showing up among immune-modulating medicines which can help rebalance, strengthen or rebuild the immune system. Pioneering studies have now shown it is possible to begin rebuilding the cell populations lost to HIV. This year may even see the first human stem cell experimentation, which offers the longer term hope of completely rebuilding a new immune system. And only slightly farther down the road lie such possible advances as gene therapy, bi-modal monoclonal antibodies, targeted toxins, and several other hopeful possibilities.

Despair, while it may be understandable as one of

many possible personal attitudes, is useless, unwarranted, and especially unbecoming of community leaders. It is our duty to see the reality of the situation — both the good and the bad. Some perhaps mistakenly expect to reap political advantages by stressing the negative, but such politics are inept and the side effects severe. Such a strategy does little but spread needless fear, anxiety, and hopelessness among those we are paid to serve, and who have every right to expect us to support, rather than dash, their legitimate hopes. There are far better tools than despair for marshalling the political action needed to end this epidemic. We owe it to all those who are courageously living with HIV to do our jobs without undermining their will to live. And so does the media.

-- Martin Delaney. ▼

A Passion For AIDS Ministry at MCC Key West (continued from page 1)

Through their advocacy program, if a person with HIV has a problem with some provider, MCC will help by going with them to work through any problems, dealing with landlords and employers, as well as service providers. There is a city anti-discrimination law, which includes people with HIV as well as lesbians and gay men, and Torrence hopes that the county will soon adopt this protection as well.

As pastor, Torrence has taken responsibility for 90% of the AIDS Ministry happening at MCC Key West. "The church has been very understanding of 50% of my time being spent as a pastoral social worker. In a one week period recently, I did 78 hospital calls. I average about 50 hospital calls a week, and two home visits. I have dealt with over 450 AIDS-related deaths in my 7 years here. I bring Christ with me, an avenue of spirituality that someone can tap into. I also really understand that if they're hungry or scared, or if their lover just walked out, or they just lost their job, you have to take care of the immediate need first."

Fortunately, there will soon be four new deacons to share the load with the pastor. When asked how he has coped for all these years without sharing the load, Steve answered, "I don't know, except that this is my destiny, this is what I'm called and chosen to do. I know I can visit 15 people and go back to the office and deal with other things. I do like to go on vacation (28 days a year) and I have a group of friends who watch out for me. When I get too skewed, they help bring me back to center, or as close as I'll ever be to center! And I get through things with humor."

Torrence is very proud of Key West's response to HIV. "I don't know if the personal care for PWA's can be matched anywhere. The hospital is wonderful: we have nurses who will call patients after they've gone home just because they're concerned. We have a wonderful hospice program, where people really get what they need. Our physicians are really good at pain management. We have doctors on call from Jackson Memorial Hospital in Miami, as well as excellent doctors here in Key West. A new clinic called Immune Care, which is a one-stop shop for all outpatient needs, has recently opened. They have the latest technology, and recliner chairs with TV's and VCR's for patients.

"Treatments offered here span every-

thing from clinical drug trials and traditional medicine to crystals and macrobiotic diets. My experience has been that not any one thing is the answer. The people who live the longest have a combination of traditional medical treatments, a positive attitude, and a balanced life which includes exercise and good nutrition."

Steve says that as a result of HIV/AIDS, "my theology has changed in the sense of what I think we're supposed to do. When Jesus talked about the judgment of the nations in Matthew 25, it means we must have a passion for the poor, the hungry, and those without adequate housing (the naked), the outsiders, the prisoners, and the sick. It's intensified my belief that we have to have passion in our ministry and in what our calling is, and we need to be clear about our calling. This relates particularly to AIDS. So many persons with HIV are poor, so now they're hungry and don't have adequate housing. So they've become outsiders, and they have to rely on 'the kindness of strangers.'"

"The current student clergy are in for the shock of a lifetime. When I hear student clergy saying, 'We don't talk about AIDS because it gives it too much power,' or 'We've talked enough about AIDS and death,' I feel very sorry for the people who will go to them for pastoral care and compassion. I'm very concerned as a member of this District's Clergy Review Committee that our current student clergy are just not prepared."

Rev. Steve Torrence will continue to be on the frontlines of the AIDS crisis in Key West. His church has enjoyed tremendous growth: from 12 to 120 since he's been there. Torrence attributes this at least in part to doing AIDS ministry out in the community. His passion for AIDS ministry in Key West has moved MCC into a position of growth and power, in spite of the devastating toll of HIV on the island. ▼

Crossman Produces Canadian Film on Aids

Rev. Joseph Totten-Reid, pastor of MCC Santa Barbara, CA, preached a sermon that gave Clarence Crossman, Education Coordinator at the AIDS Committee of London, Ontario, Canada, the idea for a story about AIDS: what if the parable of the Prodigal Son were re-told to make it a story about a family dealing with HIV? Crossman wrote a script, and as executive producer, made the film, entitled "Going Home."

New Resource for AIDS Ministry

The 30-minute movie is a beautiful retelling of the Prodigal Son, who in this version is a Gay man from a farm family in rural Ontario. His father, recognizing that his younger son cannot thrive in the homophobic atmosphere of rural farm life, sells his second farm and sends the young man to the city to make his way. When the son comes down with AIDS, he moves back home, unsure of what he will find. His father welcomes him, and throws a party, which greatly angers his homophobic brother. But the love that the father and mother show towards their son with AIDS is enough to bring any audience to tears.

The story is told through a series of monologues spoken by each member of the family, gradually revealing more and more of the family history and dynamics. The film is professionally made, beautifully photographed, and is designed to provoke discussion. A study guide has been developed to accompany the film.

To order this very exciting video resource, send \$69.95 (Canadian\$) to the AIDS Committee of London, 343 Richmond St. Suite 200, London, Ontario, Canada, N6C 3C2, or call (519) 434-1601 for further information. ▼

Call For International Articles

ALERT is a newsletter that goes out to many countries. While it is easy for the editor, working in Los Angeles, to access information and material on HIV/AIDS from the U.S., it is not so easy to find HIV/AIDS-related stories from outside the US. The editorial board of ALERT is committed to publishing information that will be of value to people in many

countries; but without being there, and with little information being sent to ALERT, it is impossible to report what is happening in Europe, Australia, Canada, or Central/South America.

Therefore, the editor begs with people outside the U.S. to PLEASE send articles and/or information about HIV issues in other countries! ▼

Report on US National Lesbian/Gay Health Conference

By The Rev. Steve Pieters

The U.S. National Lesbian and Gay Health Conference is an annual event which I have come to look forward to, not only because of the educational opportunities, but because of the networking possibilities. This year's conference was held at the Los Angeles Airport Hilton, July 8-12. The theme of the conference was "Making Health Care Human: The Impact of Age, Gender and Race." A special emphasis was identified as "Strategies for Inclusion — Responding to the Changing Face of AIDS."

In previous years, there has been criticism that the conference did not include enough about lesbian health issues. This year, the options for learning about women's issues were greatly increased: in addition to the Pre-Conference Institute on "Building Responses to Address Lesbian Health Needs," and a plenary session dealing with lesbians and cancer, workshops included a wide variety of issues from "Preventing Yeast Infections" to a "Women's Safer Sex Home Party Program" to "Health Consequences for Lesbians Sexually Abused as Children."

One of the most controversial plenary sessions was the presentation by Simon Le Vay of the Salk Institute. Le Vay is well-known for his research on the hypothalamus glands of gay men. This research, which has been frequently discussed on U.S. talk shows, claims that the hypothalamus glands of gay men are smaller than those of straight men. In his presentation, Le Vay theorized that the hypothalamus glands of lesbians were larger, like straight men's, than the small glands of straight women.

A number of activists challenged him,

denouncing his research techniques (Le Vay studied a small sampling of men who have died from AIDS), and the lack of peer review of his findings. Others criticized him for doing the research at all, fearing that fundamentalists and other enemies of the lesbian/gay community would use his research to further oppress lesbians and gay men. Le Vay responded by asking if Einstein should have been prevented from doing his research because it eventually led to the nuclear bomb.

One of the most well-attended workshops was "An Exploration of the Relationship of Oral Sex and HIV Transmission Among Gay and Bisexual Men." Many of the people attending the workshop are counselors who are constantly asked "Is oral sex safe or not?" This workshop offered no firm conclusions. The study interviewed 12 gay and bisexual men who believed they were infected with HIV through oral sex. After interviews, five men were found to have no other risk factors and were determined to be cases of oral sex transmission. Four of the five cases reported receptive oral sex with ejaculation. The fifth was only exposed to pre-ejaculation fluid. Dental and gum problems were associated with four of the five as well. The presenter, Andrew A. Gans of San Jose State University, concluded, "The results of this study provide further evidence that receptive oral sex poses some risk of HIV infection." Bleeding gums, dental problems, or even flossing just before oral sex, may increase the risk, but Gans feels that further research is necessary. Most people came away from the workshop

feeling frustrated: everyone wanted a firm answer, one way or another. This reflected a widespread frustration during the conference: there seemed to be little new information or progress on HIV/AIDS issues.

One of the highlights of the conference for me was the opportunity to hear George Solomon, a researcher at UCLA who wrote the Long-Term Survivor study used in the UFMCC pamphlet, "Spiritual Strength for Survival." Solomon presented the findings of his 1987 Long-Term Survivor study, and also made a couple of new points: a study has shown that grief in and of itself does not affect the immune system. It is when a person does not deal effectively with the grief that the immune system suffers. This has important implications for HIV+ people, given the level of grief from watching friends, spouses, and lovers die as a result of the same virus. Solomon has also initiated a study of persons with HIV who have less than 50 T-Helper Cells, and who are asymptomatic, or who have been asymptomatic for at least six months following an opportunistic infection. These persons have normal or close to normal natural killer cell activity, and they exhibit the same personality characteristics as long-term survivors.

Rev. Kit Cherry, Editor of UFMCC's "Keeping In Touch," organized and led the pre-conference institute on "The Emergence of Lesbian and Gay Spirituality: Yesterday, Today, and Tomorrow." People who attended the institute raved about the variety and depth of the speakers and found the day to be challenging and uplifting. ▼

Return AIDS Response Surveys!

Aids Response Surveys were sent to every church in the UFMCC last month. As we go to press, we have received 42 completed surveys. THANK YOU to all who have taken the time to fill out the questionnaire and have sent it back.

To those who haven't yet returned the survey, please take time now to fill it out and mail it back! The UFMCC AIDS Ministry Long-Range Planning Task Force worked very hard at streamlining the questionnaire, to make it as easy as possible for you to fill it out!

The survey will help us in our long-range planning, establishing goals and objectives based on the needs YOU express through the survey. WE NEED YOUR INPUT, and we need it from as many churches as possible. Two years ago, we had a 45% return rate on the surveys. This year, we are hoping for 100%! IF YOU HAVEN'T ALREADY DONE SO, TAKE TIME TO FILL OUT THE SURVEY NOW! Thank you. ▼

ALERT

ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research and Treatment. The Editor is the Rev. Dr. Stephen Pieters. For more information, please write: ALERT, c/o UFMCC, 5300 Santa Monica Blvd., #304, Los Angeles, CA 90029; (213) 464-5100.